

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, HONOLULU, HAWAII 96813 or P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: (808) 587-0460 FAX: (808) 587-0470 email: ethics@hawaiiethics.org

Web site: www.hawaii.gov/ethics

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LOBBYIST REGISTRATION FORM STATE OF HAWAII
(Type or Print Clearly)

STATE ETHICS COMMISSION (Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
TOGUCHI	CHARLES	TERUO	808-221-0327
MAILING ADDRESS (Street)			FAX
47-640 HUI ULILI STREET			EMAIL CTTOGUCHI@AOL.COM
(City)	(State)		(Zip Code)
KANEOHE	HI		96744
EMPLOYING ORGANIZATION (Fill in only if you a	re employed by a business en	itity which has been retained to lobby)	TELEPHONE
MAILING ADDRESS (Street)			FAX
			EMAIL
(City)	(State)		(Zip Code)

PART II	ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
FOREST CITY			808-839-8771
MAILING ADDRESS (Street)		FAX	
5173 NIMITZ ROAD		EMAIL	
(City)		(State)	(Zip Code)
HONOLL	LU	н	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE	
JON C. V	/ALLENSTROM		808-839-8771
MAILING ADDRESS (Street)			FAX
5173 NIMITZ ROAD			EMAIL
(City		(State)	(Zip Code)
HONOLL	LU	HI	96818

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
☐ Agriculture	Education	☐ Human Services	Science, Technology & Economic Development		
Communications & Public Utilities	Government Operation & Finance	 Intergovernmental Relations, International Affairs 	☐ Tourism & Recreation		
Consumer Protection & Commerce	☐ Hawaiian Affairs	Labor & Employment	☐ Transportation		
Culture, Arts, Historic Preservation	☐ Health	Planning, Land & WaterUse Management	Other: (indicate below)		
Ecology, Energy Environmental Protection	Housing	☐ Public Safety & Corrections			
PART IV CERTIFICAT	 				
I hereby certify that	the information furnished abov	lphae is, to the best of my knowle	dge, correct and complete.		
Charles Joguala 1/28/13					
(Signature of (obbyist)			(Date)		
<u> </u>					
PART V AUTHORIZA	TION TO LOBBY	•			
NAME					
JON C. WALLENSTROM PRESIDENT					
NAME OF ORGANIZATION (i	f applicable)		TELEPHONE		
FOREST CITY		ı	808-8771		
MAILING ADDRESS (Street)			FAX		
5173 NIMITZ ROAD			EMAIL		
(Oity)	(State)		(Zip Code)		
HONOLULU	н				
hereby authorize the above - named person to engage in lobbying activities on behalf, of the undersigned.					
1/30/2013					
(Signature of	Authorizing Officer or Person Repres	sented)	(Date)		

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